State of Washington Charter School Commission

Notice of Intent to Apply

This information will be used to ensure that your applicant group receives all of the appropriate communications from the Commission throughout the charter application process.

Name of Non-Profit Applicant/Organization		Inspire Development Centers							
Primary Contact Information									
Name	Tadeo Saenz-Thompson								
Address	105 S. Six	105 S. Sixth Street, Ste B, Sunnyside, WA 98944							
Phone	509-839-8	99-839-8550							
Email	Tadeo.Saenz-Thompson@inspire-centers.org								
Partner Information IF APPLICABLE									
Basic Information for School Opening Fall 2014									
Proposed School Name			cor balles	Opening Year	Geographic Community and/or City		Grades served Year 1	Grades served at capacity	
Inspire Developmental Education Academy			demy	2014	Inspire Development Centers Territory in the State		K, 1 & 2	K - 5	
Model X New Conversion									
Proposed School Description									
N		☐ Alternative				☑Disability (list): 10%			
		Arts							
School Mode	el Specialty	Blended Learning				☐ Military			
(check all tha	and the second s	Career and Technical Education				Montessori			
- 1860 H. S.		College Prep				STEM			
			XOther: English Language Learners Virtual						
	Mother: English Language Learners Virtual The mission of Inspire Developmental Education Academy Learning (IDEAL) is to extend						o autond a		
In 100 word briefly desc mission and your propo	ribe the d vision of	linguistically appropriate, culturally sensitive, and an effectual learning experience to children of							
		farmworker and migrant families. Students originating at Inspire [early childhood] Development							
		Centers would have a smoother path to success in their education. IDEAL will achieve these							
your propo	3CU 3CHOOL		objectives by providing a dynamic student-focused learning environment in conjunction with						
language immersion to promote continued academic success.									

I certify that I have the authority to submit this Letter of Intent and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification from the application process or revocation after authorization. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization.

Signature of Primary Contact

RECEIVED

Date

OCT 242013

LEGISLATIVE AND POLICY OFFICE